

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90235 007 ****61.25

DOCUMENT # N35307

1. Entity Name

FLORIDA PREPAID COLLEGE FOUNDATION, INC.

Principal Place of Business

**1801 HERMITAGE BLVD
 SUITE 210
 TALLAHASSEE FL 32308
 US**

Mailing Address

**P.O. BOX 1117
 TALLAHASSEE FL 32302
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3012202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANK, F. PHILIP
 204 S. MONROE ST.
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **TATE, STANLEY G**
 CITY-ST-ZIP **1175 NE 125TH ST.
 NORTH MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALLACE, TOM**
 CITY-ST-ZIP **1801 HERMITAGE BLVD 210
 TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **BLANK, PHILIP F ESQUIRE**
 CITY-ST-ZIP **204 SOUTH MONROE STREET
 TALLAHASSEE FL 32302**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **BDM**
 STREET ADDRESS **HINKLE, LEE**
 CITY-ST-ZIP **111 S. MONROE, SUITE 2000A
 TALLAHASSEE FL 32301**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2916 Abbotsford Way**
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
 NAME **BDM**
 STREET ADDRESS **DAVIS, NANCY**
 CITY-ST-ZIP **80 SW 8TH STREET SUITE 2110
 MIAMI FL 33130**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)